MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09214

CERTIFICATE OF DEATH

Reg. Dist. No. 357

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton Rural
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	W.	Bethard	Sept.	24	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	May 9 1862	87 4/12 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Snow Hill Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Solomon Bethard
14. MOTHER'S MAIDEN NAME Susan Shockley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs Ethel Bethard (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	3 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Broncho pneumonia	2 wks.
	(c) Prostatic Hypertrophy & retention	5 yrs

420.1 94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 16 Sept., 1949, to 24 Sept., 1949, that I last saw the deceased alive on 24 Sept., 1949, and that death occurred at 10 30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Richard A Young, M.D.	Snow Hill, Md.	26 Sept 49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Sept. 27/49	Mt Olivet	Snow Hill (Rural)	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 27 1949	Mary M. Taylor	Mary E. Dennis	Snow Hill, Md

Ra. 4.

VS. A15

mw

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15A

09215

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishop
LENGTH OF STAY (in this place) about 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS No

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishop
STREET ADDRESS (If rural, give location) Porter

3. NAME OF DECEASED (Type or Print) (First) Ethel (Middle) Collins (Last) or ~~Goss~~

4. DATE OF DEATH (Month) Sept. (Day) 17 (Year) 1949

5. SEX Female
6. COLOR OR RACE a a
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH about 1909
9. AGE last birthday about 40 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Same
11. BIRTHPLACE (State or foreign country) Snow Hill Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Don't know
14. MOTHER'S MAIDEN NAME Don't know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. No
17. INFORMANT Sylvester Johnson, Bishop, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture Base of Skull

812.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple fractures right elbow & humerus,

170c (c) left femur, fracture cervical vertebra.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple contusions face & extremeties.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) U.S. 113 (CITY OR TOWN) Bishop (COUNTY) Wor. (STATE) Md.
TIME OF INJURY (Month) Sept. (Day) 17 (Year) '49 (Hour) 7 56 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Struck by motor vehicle on US 113

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE F S Waesche (Degree or title) MD (DME) ADDRESS Snow Hill Md DATE SIGNED 9/17/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-21-49
NAME OF CEMETERY OR CREMATORY William Chapel Cemetery
LOCATION (City, town, or county) Newark, (State) Maryland

DATE REC'D BY LOCAL REG. 9-21-49
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR James F. Stewart, ADDRESS 402 E. Church St. Salisbury, Maryland

RECEIVED
SEP 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09216

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark Md Rural
LENGTH OF STAY (In this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hilton

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Newark Md
STREET ADDRESS (If rural, give location) Russell Bradford farm

3. NAME OF DECEASED (Type or Print) (First) Hilton (Middle) Rudolph (Last) Collins Jr
4. DATE OF DEATH (Month) Sept (Day) 20 (Year) 1949

5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH May 17 - 1949
9. AGE last birthday yrs. If under 1 year Months 4 Days 3 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Whaleyville Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Hilton Collins
14. MOTHER'S MAIDEN NAME Martha Foreman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. ✓
17. INFORMANT Hilton Collins Sr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH 3 1/2 mos

Immediate cause (a) Infectious Diarrhoea

571.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

119a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ricketts

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr N. E. Fartonius (Degree or title) Dep Med Exam. ADDRESS Pocomoke City Md DATE SIGNED 9/20/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept - 23 1949
NAME OF CEMETERY OR CREMATORY Cedar Chapel
LOCATION (City, town, or county) Newark (State) Md.

DATE REC'D BY LOCAL REG. 9/23/49
REGISTRAR'S SIGNATURE LeRoy Smith
24. FUNERAL DIRECTOR Anna A. Burbage ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 28 1949
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09217

CERTIFICATE OF DEATH

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) (Last) DASHIELD

4. DATE OF DEATH: (Month) Sept (Day) 6 (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single | 8. DATE OF BIRTH: (Month) (Day) (Year) 1919 | 9. AGE last birthday: 30 yrs. | If under 1 year: Months Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer | 10b. KIND OF BUSINESS OR INDUSTRY — | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY: USA.

13. FATHER'S NAME: Clay Coltman | 14. MOTHER'S MAIDEN NAME: Grace Dashield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service) — | 16. SOCIAL SECURITY NO.: 214-28-8444 | 17. INFORMANT: Grace Dashield

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

561.0 Immediate cause (a) Strangulation of bowel — Day

Antecedent cause(s)

122a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Scarlet Hernia — Long time

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 6 1949, to Sept 6 1949, that I last saw the deceased alive on Sept 6 1949, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE W. E. Satterfield (Degree or title) ADDRESS Pocomoke City Md DATE SIGNED 9/7/49

23. BURIAL, CREMATION / REMOVAL (Specify): Burial | DATE: Sept 8-1949 | NAME OF CEMETERY OR CREMATORY: Tindley Chapel | LOCATION (City, town, or county): Pocomoke, Worcester | (State): Md.

DATE REC'D BY LOCAL REG.: Sept. 8, 1949 | REGISTRAR'S SIGNATURE: Anne E. White

24. FUNERAL DIRECTOR: Henry H. Watson | ADDRESS

VS. A15

RECEIVED
SEP 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09218

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH — COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin — LENGTH OF STAY (in this place) 70 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Md — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin, R.F.D. Ironshire
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Wesley (Last) Dennis.

4. DATE OF DEATH (Month) Sept. (Day) 21, (Year) 1949

5. SEX male — 6. COLOR OR RACE white — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single — 8. DATE OF BIRTH Sept. 24, 1879 — 9. AGE last birthday 69 yrs. — If under 1 year: Months 11, Days 28 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer. — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Maryland. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Dennis. — 14. MOTHER'S MAIDEN NAME Jennie Warren.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. none — 17. INFORMANT AND ADDRESS Mr. John Warren Berlin Md R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Myocarditis

443 Antecedent cause(s)

93a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1945, to 9/23, 1949, that I last saw the deceased alive on 9/20, 1949, and that death occurred at 7:00 A m., from the causes and on the date stated above.

SIGNATURE Clifford E. Tchett (Degree or title) M.D. — ADDRESS Berlin Md. — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 9/23/49 — NAME OF CEMETERY OR CREMATORY Buckingham — LOCATION (City, town, or county) Berlin (State) Md.

DATE REC'D BY LOCAL REG. 9-23-49 — REGISTRAR'S SIGNATURE Helen T Hayward — 24. FUNERAL DIRECTOR Anna A. Benboye — ADDRESS Berlin Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09219

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Worcester — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City — LENGTH OF STAY (In this place) 4 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East Princess Anne, Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Olive — (Middle) E — (Last) Gibbons

4. DATE OF DEATH: (Month) Sept. — (Day) 17 — (Year) 1949

5. SEX: Female — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single — 8. DATE OF BIRTH: Dec. 19, 1873 — 9. AGE last birthday: 76 yrs. — If under 1 year: Months 9, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): East Princess Anne Md — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Gibbons — 14. MOTHER'S MAIDEN NAME: Lotitia James Pruitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no — 16. SOCIAL SECURITY NO.: none — 17. INFORMANT: Mrs Charles Boston

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage (Apoplexy)	5 days
331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a	(b) Arteriosclerosis, Mod. Fever, generalized	years
	(c) Hypertension, Arterial Asthma	years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (3) Pernicious Anaemia — Dec. 1948.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 May, 1949, to 17 Sept., 1949, that I last saw the deceased alive on 17 Sept; 1949 and that death occurred at 9:50 p.m., from the causes and on the date stated above.

SIGNATURE Norman E. Sartoris Jr. — (Degree or title) — ADDRESS — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Sept. 20 1949 — NAME OF CEMETERY OR CREMATORY: Pennyhawken Cemetery — LOCATION (City, town, or county) (State): East Princess Anne, Md

DATE REC'D BY LOCAL REG.: Sept. 19, 1949 — REGISTRAR'S SIGNATURE: Anne E. White — 24. FUNERAL DIRECTOR: Dale Dashiell — ADDRESS: Princess Anne, Md

VS. A15

RECEIVED
SEP 22 1949
BUREAU V. S.

09220

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Whaleyville R.F.D. — LENGTH OF STAY (in this place): 70 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Whaleyville R.F.D.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Elisha (Middle) E. (Last) Hall.
4. DATE OF DEATH: (Month) Sept. (Day) 21 (Year) 1949
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 3/4/1879
9. AGE last birthday: 70 yrs. — If under 1 year: Months 6, Days 17 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Elisha E. Hall.
14. MOTHER'S MAIDEN NAME: Sarah Sturgis.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If year, give war or dates of service)
16. SOCIAL SECURITY No.: none.
17. INFORMANT AND ADDRESS: Mrs. Elisha Hall, Whaleyville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma right lung (x-ray 1 yr ago) — 1 yr.

163 Antecedent cause(s)

47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1948, to day of death, 1949, that I last saw the deceased alive on 9-20-49, 19....., and that death occurred at 8:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS: Frank R Lewis M.D. DATE SIGNED: 9-23-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Sept. 24, 1949 — NAME OF CEMETERY OR CREMATORY: Evergreen — LOCATION (City, town, or county) (State): Berlin Md

DATE REC'D BY LOCAL REG.: 9-24-49 — REGISTRAR'S SIGNATURE: Helen F. Hayward — 24. FUNERAL DIRECTOR: Anna A. Bourbage — ADDRESS: Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 3 1949
BUREAU U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09221

CERTIFICATE OF DEATH

Reg. Dist. No. 351

WITHHELD BY REQUEST OF FAMILY

1. PLACE OF DEATH: COUNTY Worcester; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill; LENGTH OF STAY (In this place) 12 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Lydia	J.	Henderson	Sept.	12	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	10-29-1866	82 9 13 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Snow Hill Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Levi J. Briner	Rachel Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	None	Wm. J. Henderson (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Pulmonary Edema	1 day
442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a	(b) Hypertensive Cardiovascular Renal Disease	5 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
		Snow Hill	Worcester	Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 1946, to Sept 12, 1949, that I last saw the deceased alive on Sept 11, 1949, and that death occurred at 1115 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Levi L. LeMar	MD	Snow Hill	9/14/49.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Sept 14/49	Whatcoat	Snow Hill	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/13/49	LeRoy Smith	Ulay E. Timmis	Snow Hill, Md

RECEIVED
SEP 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09222

CERTIFICATE OF DEATH

Reg. Dist. No. 3.55

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin.
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Arlie (Middle) James. (Last) Holloway

4. DATE OF DEATH: (Month) Sept. (Day) 3 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov. 2, 1884

9. AGE last birthday: 66 yrs. If under 1 year: Months 10 Days 7 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer.

10b. KIND OF BUSINESS OR INDUSTRY: farm.

11. BIRTHPLACE (State or foreign country): Berlin Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mortie Holloway.

14. MOTHER'S MAIDEN NAME: Julia Johnson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs. Mildred Hall Berlin Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Massive Cerebral Hemorrhage	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis & Hypertension	2 yrs.
	(c) Chronic Degenerative Myocarditis & Pulmonary Heart Disease	5 yrs.

443 92d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 48, to 3 Sept., 19 49, that I last saw the deceased alive on 3 Sept., 19 49, and that death occurred at 1:20 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Hermann Radtke M.D. ADDRESS: 5 Bay St. Berlin Md DATE SIGNED: 5 Sept 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: 9/5/49 NAME OF CEMETERY OR CREMATORY: Buckingham LOCATION (City, town, or county): Berlin (State): Md

DATE REC'D BY LOCAL REG.: 9-5-49 REGISTRAR'S SIGNATURE: Helen F. Hayward

24. FUNERAL DIRECTOR: Irma A. Burbage ADDRESS: Berlin Md.

RECEIVED
SEP 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09223

CERTIFICATE OF DEATH

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Worcester; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural give location) Pocomoke City Md.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lula		Johnson	Sept.	5	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	Col.	Married	About 1879	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Housewife	Virginia	U.S.A.

13. FATHER'S NAME Lewin Handy

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
—	—	—	Porter Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset and Death: 3 year

420.0 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause etating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disense or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Jan., 1949, to Sept 5, 1949, that I last saw the deceased alive on ....., 19....., and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE Paul Owen (Degree or title) ADDRESS Snow Hill Md DATE SIGNED 9/5/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	9-8-49	Wattsville Va	Accomac Co Va	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 6, 1949	Anne E. White	Booker West	Salisbury, Md

VS. A15

RECEIVED
SEP 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09224

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Worcester; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City; LENGTH OF STAY (in this place) 1½ years; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville; STREET ADDRESS (If rural, give location) Maple Ave

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Edith		Littleton	9	10	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Married	Dec 1902	46 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	at home	Philadelphia Pa	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Gerhardt	Eva Risley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Joseph Wm Littleton

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Pulmonary Edema	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac Failure — History of Rheum. Trouble [11/1/49 abc]	
	(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis	

434.1
1102

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dr. L. E. Storms	Med Exr	Pocomoke City Md	9/16/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	9/13/49	methodist	Delmar	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-13-49	Helen F. Hayward	Walter Holloway	Salisbury Md

VS. A15A

RECEIVED
SEP 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09225

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ocean City
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ocean City
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Montgomery (Last) Mann

4. DATE OF DEATH: (Month) Sept. (Day) 3 (Year) 1949

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan 1, 1866

9. AGE last birthday: 83 yrs. If under 1 year: Months 8, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New Haven Conn.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Wm Mann.

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs. Joseph Mann Ocean City Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	10 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis + hypertension	10 years+
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from — , 1947, to 3 Sept, 1949, that I last saw the deceased alive on 3 Sept, 1949, and that death occurred at 12:10 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Nathaniel R. Shames M.D.
ADDRESS: Ocean City
DATE SIGNED: 3 Sept 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 9-8-49
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county) (State): New Haven Conn.

DATE REC'D BY LOCAL REG.: 9-5-49
REGISTRAR'S SIGNATURE: Helen T Hayward

24. FUNERAL DIRECTOR ADDRESS: Anna A. Bunting Berlin Md

RECEIVED
SEP 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09226

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

1. PLACE OF DEATH
COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Sylvester (Middle) (Last) Purnell.

4. DATE OF DEATH: (Month) Sept. (Day) 10 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: Colored.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Aug. 1, 1949

9. AGE last birthday: 0 yrs. If under 1 year: Months. Days 9. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Berlin Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Emerson Purnell.

14. MOTHER'S MAIDEN NAME: Myra Pitts.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Emerson Purnell, Berlin Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gangrene Fever — Interval between onset and death: 5 days

772.0 Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

158 (b) Malnutrition — 2 mos.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Berlin (CITY OR TOWN) Worcester (COUNTY) Maryland (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-8, 1949, to 9-10, 1949, that I last saw the deceased alive on 9/10, 1949, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

T. J. O'Donnell M.D. Berlin Md. 9/12/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 9-13-49

NAME OF CEMETERY OR CREMATORY: St. Paul's (Col)

LOCATION (City, town, or county) (State): Berlin Md

DATE REC'D BY LOCAL REG. 9-12-49

REGISTRAR'S SIGNATURE: Helen F. Hayward

24. FUNERAL DIRECTOR ADDRESS: Anna A. Bunbage Berlin Md

RECEIVED
SEP 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09227

Reg. Dist. No. 350

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Worcester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City — LENGTH OF STAY (in this place) 8 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS ---- Market St.	STREET ADDRESS (If rural, give location) 14th & Market Sts.

3. NAME OF DECEASED (Type or Print)	(First) Harry	(Middle) Franklin	(Last) Trader	4. DATE OF DEATH	(Month) 9	(Day) 30	(Year) 49 19
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single	8. DATE OF BIRTH 3-11-34	9. AGE last birthday 15 yrs.	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School	10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (State or foreign country) Philadelphia, Pa.		12. CITIZEN OF WHAT COUNTRY? US			
13. FATHER'S NAME Jefferson D, Trader		14. MOTHER'S MAIDEN NAME Margaret Bennum					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If year, give war or dates of service) —	16. SOCIAL SECURITY NO. ----		17. INFORMANT AND ADDRESS Mrs. Margaret Trader-Pocomoke Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart Failure	a few hours
196 Antecedent cause(s)	(b) Metastatic Osteogenic	1 year
55b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Sarcoma	or a little more
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —			20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY —	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 16 June, 19 49, to 30 Sept., 19 49, that I last saw the deceased alive on 20 Sept 1949, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Norman Ellis Sartoris	M.		October 1, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-3-49	Halls Hill Baptist Cem.	Pocomoke City Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 1, 1949	Anne E. White	Howard A. Gill	Pocomoke City, Md.

RECEIVED
OCT 5 1949
BUREAU V. S.

09228

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 351

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
LENGTH OF STAY (in this place) 54 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Gertrude (Middle) W. (Last) Truitt

4. DATE OF DEATH (Month) Sept. (Day) 6 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb. 2 - 1876
9. AGE last birthday 73/7/4 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Salisbury, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Warner Hearn
14. MOTHER'S MAIDEN NAME Sarah Ann Middleton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mr Wm. K. Truitt (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Vascular accident.	9 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular Disease	10 yrs.
	(c)	

443
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Snow Hill (COUNTY) Worcester (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1948, to Sept. 6, 1949, that I last saw the deceased alive on Sept. 5, 1949, and that death occurred at 2:00 A. m., from the causes and on the date stated above.

SIGNATURE Robert L. LaMar (Degree or title) M.D. ADDRESS Snow Hill DATE SIGNED 9/7/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Sept. 8/49 NAME OF CEMETERY OR CREMATORY Baptist LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. 9/8/49 REGISTRAR'S SIGNATURE LeRoy Smith
24. FUNERAL DIRECTOR Alay Dennis Snow Hill ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0929

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Worcester; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Stockton; LENGTH OF STAY (in this place): 11 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS: None	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Stockton; STREET ADDRESS (If rural give location): Stockton-Pocomoke Road

3. NAME OF DECEASED (Type or Print): (First) RAYMOND F. (Middle) (Last) WISE			4. DATE OF DEATH: (Month) Sept (Day) 29, (Year) 1949				
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWER, DIVORCED (Specify): Married	8. DATE OF BIRTH: June 8, 1907	9. AGE last birthday: 42 yrs.	If under 1 year: Months	Days	If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sawyer	10b. KIND OF BUSINESS OR INDUSTRY: Lumber	11. BIRTHPLACE (State or foreign country): Denton, Maryland		12. CITIZEN OF WHAT COUNTRY?: USA			
13. FATHER'S NAME: Unknown		14. MOTHER'S MAIDEN NAME: Sallie Elliott					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): None		16. SOCIAL SECURITY NO.	17. INFORMANT: Mrs. Rosa Wise, wife				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Failure	1 to 2 Days 1 Year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Edema and Anasarca	to same extent. for several weeks.
	(c) Bronchiectasis, bilateral, severe.	Several years.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic Bronchitis, Chronic Bronchiolectasis, large ventral hernia, Pyuria, Bronchial adenoma, marked.	Several years.

526
106.1

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —		20. AUTOPSY? Yes ☐ No ☒	
21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —	(CITY OR TOWN): —	(COUNTY): —	(STATE): —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?: —		

22. I hereby certify that I attended the deceased from March 4, 1947, to Sept. 29, 1949, that I last saw the deceased alive on 28 Sept., 1949, and that death occurred at 7 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Norman E. Sartorius, Jr.	Pocomoke, Md.	9/30/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 3, 1949	Hall's Hill Cemetery	Pocomoke City, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 30, 1949	Anne E. White	Henry H. Watson, Pocomoke, Md.	